alameda county
behavioral health
MENTAL HEALTH & SUBSTANCE USE SERVICES

Peer-Led Continuum
Forensic and Reentry Services
MHSA Innovation Project

Amount Requested: $8,692,893

Project Duration: 5 Years

Submitted by:
Alameda County Behavioral Health Care Services

Prepared by:
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The Indigo Project

Date:
rev. 12/12/2022

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COMPLETE APPLICATION CHECKLIST
Innovation (INN) Project Application Packets submitted for approval by the MHSOAC should include the following prior to being scheduled before the Commission:
☐ Final INN Project Plan with any relevant supplemental documents and examples: program flow-chart or logic model. Budget should be consistent with what has (or will be) presented to Board of Supervisors. *(Refer to CCR Title9, Sections 3910-3935 for Innovation Regulations and Requirements)*
☐ Local Mental Health Board approval Approval Date:
☐ Completed 30 day public comment period Comment Period:
☐ BOS approval date Approval Date: If County has not presented before BOS, please indicate date when presentation to BOS will be scheduled: *Note: For those Counties that require INN approval from MHSOAC prior to their county's BOS approval, the MHSOAC may issue contingency approvals for INN projects pending BOS approval on a case-by-case basis.*
Desired Presentation Date for Commission: _____ ***Note: Date requested above is not guaranteed until MHSOAC staff verifies all requirements have been met.***

Introduction

Alameda County Behavioral Health Care Services has identified the significant need to support individuals with serious mental health challenges who are involved with the justice system. As discussed in the proceeding Project Overview section in more detail, this is a pervasive and complex issue in Alameda County as well as across the state and nation that requires multiple approaches to address. ACBH has developed a forensic and reentry plan that sets forth the myriad approaches to be implemented, including systems, collaborative, and program initiatives and interventions. The ACBH forensic and reentry plan includes the approaches identified and included in these two Innovation plans. However, it is important to note that the services included in these two Innovation plans are just one component of a larger reentry approach that spans every intercept of the Sequential Intercept map, including addressing the social determinants and disparities that increase the risk of justice system involvement, pre-arrest diversion, arrest diversion, and pathways throughout the legal process that seek to divert individuals from criminal justice settings into mental health services. It is also important to highlight that all services included in these two Innovation plans are voluntary and seek to provide voice and choice, particularly in situations where that autonomy may otherwise be limited by arrest and/or incarceration.

Alameda County is proposing to pilot two discrete Innovation plans. Each plan proposes a unique continuum of services to address the same problem and achieve the same goal of reducing criminal justice involvement for people with significant mental health challenges. While they are addressing the same problems and have similar expected outcomes, what they propose to do is unique.

The first project, entitled **Alternatives to Confinement,** includes three mental health services that are clinical in nature, led by clinical staff, and intended to reduce incarceration and increase participation in mental health services. This continuum includes:

- An Arrest Diversion/Triage Center where law enforcement can take someone in lieu of arrest in order to receive a mental health assessment and engage them in whatever mental health services they receive;
- A Forensic Crisis Residential Treatment program where individuals can stay for up to 30 days to address their mental health and criminogenic risk and need while in a voluntary service environment; and
- A Reducing Parole/Probation Violations program to support individuals with significant mental health issues who are at risk of re-incarceration because they have been unable to comply with the terms and conditions of their release.

The second project, entitled **Peer Led Continuum, Forensic and Reentry Services**, includes four programs, all led by people with lived experience, including certified forensic peer specialists and trained family members, and is intended to reduce incarceration and increase participation in mental health services. While certified forensic peer specialists are included in the interdisciplinary teams reflected in the Alternatives to Confinement staffing plan[1], the Peer Led Continuum of Forensic and Reentry Services is designed to pilot a continuum of services where certified peer specialists provide peer support services independently. The Peer Led Continuum of Forensic and Reentry Services includes:

- Reentry Coaches that provide peer support to individuals with significant mental health challenges to exit the jail and transition back into the community;
- WRAP for Reentry that provides peer led WRAP groups facilitated by trained WRAP facilitators to support individuals to address their mental health and forensic needs and avoid future forensic involvement;
- Forensic Peer Respite program where individuals with significant mental health challenges who are justice involved can go for up to 30 days to receive peer support and address whatever issues may be affecting their recovery and reentry; and
- Family Navigation and Support program to develop materials, train family support specialists, and provide individual and group consultation directly to family members about the criminal justice system and how to best advocate on behalf of their loved one.

As previously mentioned, these two Innovation plans are a part of a larger set of strategies. ACBH has already received funding from the first round of the Behavioral Health Community Infrastructure Program (BHCIP) to certify peers as well as develop the curriculum for and train peers in the forensic specialization. One of ACBH's contracted providers, Telecare Corporation, applied for and received funding from Round 3 of the BHCIP to renovate an existing facility that they own for the Forensic Crisis Residential Treatment program, and two other ACBH providers are preparing applications for BHCIP Rounds 5 and/or 6 for the Arrest Diversion/Triage Center and the Forensic Peer Respite.

None of these projects would be possible without the longstanding collaboration from ACBH's justice partners, including the Sheriff's Office and Probation Department as well as local law enforcement agencies (LEA). ACBH has been co-leading a County-wide

[1] Integrating peers within clinical programming is a standard in Alameda County Behavioral Health programs and is supported by the body of research surrounding mental health treatment for people with serious mental illness.

Multi-Disciplinary Forensic Team in partnership with the Oakland Police Department for over twenty years that includes participation from all city police and fire departments as well as Emergency Medical Services (EMS). ACBH has also sponsored and provided training for the Crisis Intervention Team (CIT) training for 20 years, as well, For local law enforcement agencies. Additionally, ACBH, local law enforcement, and other first responders have longstanding history of joint response. ACBH currently provides mobile crisis across the County in partnership with LEAs, a joint response model through the Mobile Engagement Teams with Oakland and Fremont Police Departments, and a clinician/EMT response model in 4 of Alameda County's cities. We anticipate that these longstanding partnerships and practiced collaboration will support the development and implementation of these two Innovation plans.

It is also important to note that all of these services are voluntary mental health services that are intended to reduce the likelihood that justice-involved mental health consumers end up in jail or in other involuntary environments. Currently, many justice-involved mental health consumers have no choice available to them when interacting with law enforcement; law enforcement has voiced similar frustration that they have few options for someone with behavioral health and forensic needs. These two continuums, one clinician and one peer led, provide a choice that has been previously unavailable.

Section 1: Innovations Regulations Requirement Categories

General Requirement

An Innovative Project must be defined by one of the following general criteria. The proposed project:

- ☐ Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention
- X Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population
- ☐ Applies a promising community driven practice or approach that has been successful in a non-mental health context or setting to the mental health system
- ☐ Supports participation in a housing program designed to stabilize a person's living situation while also providing supportive services onsite

Primary Purpose

An Innovative Project must have a primary purpose that is developed and evaluated

in relation to the chosen general requirement. The proposed project:

- X Increases access to mental health services to underserved groups
- X Increases the quality of mental health services, including measured outcomes
- ☐ Promotes interagency and community collaboration related to Mental Health Services or supports or outcomes
- ☐ Increases access to mental health services, including but not limited to, services provided through permanent supportive housing

Section 2: Project Overview

Primary Problem

The issue of people with serious mental illness (SMI) and/or substance use disorders (SUD) experiencing incarceration is one of the most prominent challenges facing the behavioral health and criminal justice communities. In many jurisdictions, individuals with mental illness are more likely to be booked into jail than engaged in treatment, and jails have become the largest mental health institutions. **This issue is exacerbated because the legal threshold to arrest and incarcerate someone is lower thanis the legal threshold to engage that same individual in treatment if they are unwilling or unable to participate on a voluntary basis.** Because the legal standard for incarceration is much lower than the threshold for involuntary treatment and jail beds are more readily available than treatment beds, either voluntary or involuntary, it has become increasingly common to incarcerate individuals in need of mental health services.[2] Despite intentional efforts to make the mental health system as accessible and recovery-oriented as possible, there remains a group of individuals who will not engage in voluntary services and are more likely to be incarcerated than treated by the community behavioral health system. **Once a person with SMI and/or SUD becomes justice-involved, they are more likely to remain involved and penetrate the justice system further[3], [4].** These individuals typically have minimal financial resources and are more likely to be held in jail awaiting trial or placement for treatment, including competency restoration. They may

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[2] National Sheriff's Association and Treatment Advocacy Center. *The Treatment of Persons with Mental Illness in Prisons and Jails: A State Survey.* Retrieved from: https://www.treatmentadvocacycenter.org/storage/documents/treatment-behind-bars/treatment-behind-bars.pdf.

[3] Fellner J: (2006), A corrections quandary: mental illness and prison rules. Harv CR-CL L Rev 41:391–412,

[4] Abramsky & Fellner, supra note 3, at 59 (citing Letter from Keith R. Curry, Ph.D., to Donna Brorby, Atty. in the Ruiz v. Johnson litigation (Mar. 19, 2002)

experience difficulty complying with the terms and conditions of probation or release, and they may be charged with a new criminal offense while confined in jail.

Within California and across the Nation, there is a concerted effort to identify diversion opportunities and to ensure a continuum of services for individuals with mental health issues who are involved with the criminal justice system. Alameda County, along with its partners and community of stakeholders, has invested substantial time and resources on a number of efforts that aim to strengthen forensic and reentry mental health services for people with mental health needs and/or substance use disorders by:

Safely diverting people from the justice system into treatment,	Stabilizing and connecting individuals in custody to community behavioral health services, and	Promoting service participation that reduces recidivism.

The department unveiled a Forensic and Reentry Services Plan[5] in May of 2021 and has been systematically working through the short, mid, and long terms actions set forth in the plan. Alameda County was interested in how Innovation funds could assist in addressing the forensic and reentry mental health needs in the County. This Innovation plan arose out of these concerted efforts to divert individuals with mental health challenges from the justice system into mental health services and was developed for and by community stakeholders, including the County's Justice Involved Mental Health Task Force.

Proposed Project

Project Description

The *Peer Led Continuum of Forensic Mental Health Services* is a collection of four (4) continuum of services, of which three are peer led and one is family focused. The continuum of services specifically seeks to:

1. Support mental health consumers who are justice involved by helping them transition back into the community following an arrest or incarceration,
2. Identify and address the issues that led up to their arrest and/or incarceration

[5] http://www.acgov.org/board/bos_calendar/documents/DocsAgendaReg_5_10_21/HEALTH%20CARE%20SERVICES/Regular%20Calendar/Item__1_ACBH_Services_Forensic_sys_5_10_21.pdf

3. Connect with mental health and other services to support them in their recovery and reentry journey, and
4. Build the capacity of family members to advocate on behalf of their loved one with a serious mental illness who has become justice involved.

As a result of the continuum of services, we expect that individuals will experience fewer episodes of arrest and/or incarceration and will have increased participation in ongoing mental health and other services. The included services are described below.

Reentry Coaches. In Alameda and across the state, there have been strong outcomes associated with using people with lived experience to support individuals following a crisis or hospitalization to connect to follow-up mental health services. These individuals are sometimes referred to as peer mentors and have shown strong outcomes in increasing service linkage and reducing crisis and hospitalization in Alameda, Orange, and other counties. This project aims to employ forensic peer specialists who can serve as reentry coaches for individuals with serious mental illness to help them transition back into the community. Their role is to help the person with whatever they need, including tangible resources such as linkages for food and shelter or transportation to appointments, as well as encouragement and consciousness raising to actively participate in their own recovery and reentry journey. Referrals into the program may come from service providers supporting reentry planning at the Santa Rita jail, and ideally the reentry coach would be able to make contact with the individual before they are released from jail. However, their first contact may be upon release at the Safe Landing program, which is a drop in center on site at the jail that provides information and referrals to individuals leaving the jail, or at another community location. The reentry coach will work with the individual to develop a personalized reentry plan that addressed the needs and issues that the person feels are most pressing, and the coach can stay involved for up to 90 days providing direct peer support as well as support to engage with other services.

WRAP for Reentry. The Centers for Human Development have a number of curricula based on Wellness Recovery Action Planning (WRAP) for specialty populations, including individuals with mental health challenges who are involved with the criminal justice system. WRAP for Reentry is one of the newer offerings from the Center for Human Development and includes a new chapter, post-crisis plan for managing reentry after incarceration, and personal stories in every chapter building on a “life free from new justice involvement, beginning from the first few hours after release” (Center for Human Development, 2022). Existing WRAP facilitators as well as identified Forensic Peer Specialists will receive training in WRAP for Reentry. If they are already certified WRAP facilitators, the training will include an 8 hour session to orient them to the new materials and tools included in the WRAP for Reentry curriculum. If they are not already certified

WRAP facilitators, they will first participate in the existing WRAP certification training, and then participate in the additional 8 hour session. The WRAP for Reentry groups will be available at existing peer led programs as well as offered at the peer respite, Forensic CRT (included as a part of the Alternatives to Confinement continuum of services), and potentially at Santa Rita, if permitted.

Forensic Peer Respite. The Forensic Peer Respite will be available to adult mental health consumers who are justice involved who would benefit from a brief moment of pause to reflect on their recovery and reentry journey, address whatever issues are coming up for them, and receive peer support to connect them with whatever services may be most helpful to support their continued recovery and reentry. This program will provide 24/7 peer support services that address mental health, substance use, and criminogenic needs in an unlocked, peer-led environment. The average length of stay based on other peer respites will span 5-14 days with the opportunity to extend up to 30 days with ACBH approval, and the total capacity will be 6. The Forensic Peer Respite would be available to consumers who are beginning to experience early warning signs of a crisis or other behaviors that place them at high likelihood of police contact.

The program will accept consumers ages 18-59 with mental health and criminal justice involvement who can be safely served in this environment. This program is intended to be a step up from the community as well as step down from the jail, and referrals may come from community mental health providers who are serving justice-involved mental health consumers as well as providers from jail mental health, psychiatric hospitals, psychiatric emergency services, local emergency departments, crisis stabilization units, sobering centers and detoxification units, and the reentry coaching program described above. It is also possible that the program will also accept consumers from the Forensic CRT if there is an individual that would be better served in a peer-led environment.

The location for the peer respite will be a residential environment in order to allow for 24/7 supports for individuals. The site has not yet been secured, although the County intends to leverage the BHCIP Round 6 application process, if possible. The peer respite will also have access to a vehicle in order to support individuals to access other health, behavioral health, and social services appointments while at the peer respite as well as other social, leisure, and recreational opportunities.

Family Navigation and Support. Family members of adult children with mental health issues are a critical component of supporting an individual to participate in mental health treatment and exit the justice system. However, family members have to quickly become experts in the justice system and relevant mental health law in order to understand and work within the justice system and process in support of their loved one. The family navigation and support service would develop and disseminate informational materials

about the forensic mental health process. This program would collaborate and train existing warmlines, staffed by family partners, to educate and coach families on how to best advocate for their loved ones and would collaborate with ACBH partners to ensure information materials are translated and accessible for all Alameda County residents. The program would also provide individual and group consultation to families in order to increase knowledge of the justice mental health system and the legal process; the types of specific hearings, legal mechanisms, and appeals for individuals with mental health issues; how competency is determined, what incompetent to stand trial means, and what services may be available; how to provide medical and mental health information to the jail and other legal entities; and how to advocate on behalf of a loved one who has become involved with the criminal justice system.

Project General Requirements

The Peer Led Continuum of Forensic Mental Health Services both adapts an existing mental health practice for the forensic mental health population as well as adapts practices from other disciplines.

The Forensic Peer Respite, Reentry Coaches, and WRAP for Reentry take existing mental health practices and seeks to apply them to adult mental health consumers who are involved with the criminal justice system. Specifically, this continuum of services is inspired by the Peer Respite model which exists in other jurisdictions and in Alameda County, the WRAP curriculum which has a strong evidence base and has been implemented for decades in Alameda County, and peer mentoring programs who support individuals post crisis or hospitalization that are available across the state. In each of these instances, they have been modified for a justice involved mental health population and seek to promote similar outcomes including reduced arrest and incarceration rather than crisis and hospitalization as well as increased service connectedness.

The Family Navigation and Support component is modeled after other disciplines, specifically the resources and consultation available through advokids[6] for the foster care system or Regional Centers for families with intellectual and/or developmental disabilities. These programs offer a combination of written resources, consultation, education, and support to educate families about the intricacies of the system and equip them to advocate on behalf of their family member.

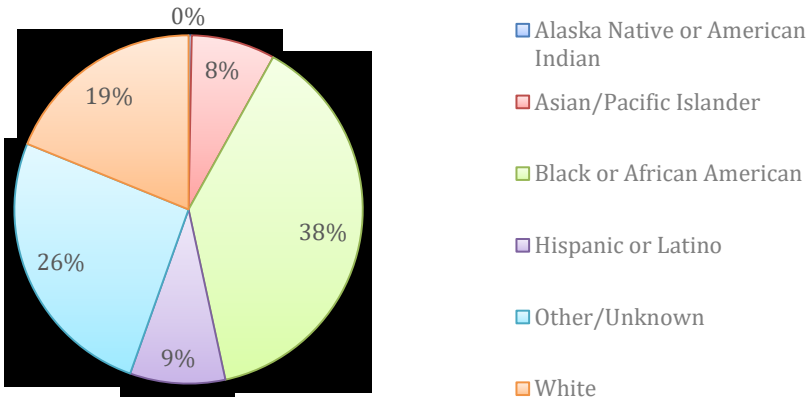
[6] Advokids is a legal advocacy organization committed to protecting foster children across California and provides a variety of educational materials to support children and families who are navigating the dependency court process.

Individuals to be Served

Overall, the Peer Led Continuum of Forensic Mental Health Services project will serve 2,279 individuals per year. We anticipate that the Reentry Coaches will serve approximately 480 individuals per year, which is 15 consumers per coach with an average engagement of 90 days and 8.0 FTE. The WRAP for Reentry program will serve approximately 960 individuals, or 20 unduplicated individuals per month per facilitator, of which there will be 4 facilitators. We expect to serve approximately 122 individuals in the Forensic Peer Respite per year. This assumes that the 6 bed Forensic Peer Respite will operate at 85% capacity with an average length of stay of two weeks. We also expect to reach about 800 families with the written resources through the Family Navigation and Support program, with about 25%, or 200 families, reaching out for consultation or other support. However, we anticipate that there is significant overlap between the programs.

This continuum of services will serve transition age youth ages 18-25 and adults ages 26 and up who have significant mental health issues and are involved with the criminal justice system; they may also have co-occurring substance use issues. They may be of any gender or gender identity as well as sexual orientation. We anticipate that consumers will be predominantly Black or African American with smaller percentages of people who are white, Latinx, or Asian, Pacific Islander, and American Indian. This is based on demographic data of consumers receiving services at Adult Forensic Behavioral Health, which is the outpatient clinic located inside the County jail, as demonstrated in Table 1. We also anticipate that a proportion of individuals will speak Spanish and other languages and will ensure language access is available. Additionally, the Family Navigation and Support project will work with culturally specific organizations to ensure that they have the capacity to support individuals to advocate on behalf of their family members.

Table 1. Consumers Served at Alameda County Forensic Behavioral Health (AFBH) (in-custody services)



Research on INN Project

The issue of individuals with serious mental illness who are involved with the justice system has become one of the largest problems facing communities across the nation, and the rate of individuals with serious mental illness is two to six times higher among incarcerated populations than it is in the general population.[7] Research clearly demonstrates that outcomes for people with mental illness who become justice involved have better outcomes when diverted into services than when in custody. Peer support has a strong evidence base for supporting individuals to reduce crisis and/or hospitalization as well as engage in mental health and other recovery based services.

The Peer Led Continuum of Forensic Mental Health Services provides three peer-led and one family-focused services that are intended to support individuals to transition from incarceration to the community and use peer support to address whatever issues may contribute to police contact, arrest, and/or incarceration. Using models from mental

[7] Cloud, David, and Chelsea Davis. Treatment Alternatives to Incarceration for People with Mental Health Needs in the Criminal Justice System: The Cost-Savings Implications. Vera Institute, 2013. Retrieved from: https://www.vera.org/downloads/Publications/treatment-alternatives-to-incarceration-for-people-with-mental-health-needs-in-the-criminal-justice-system-the-cost-savings-implications/legacy_downloads/treatment-alternatives-to-incarceration.pdf.

health and other disciplines, these four programs collectively provide an opportunity to support individuals to reenter the community and engage in services that reduce the likelihood of future arrests and/or incarceration.

These priorities for diversion arose out of the sequential intercept mapping process with Alameda County's Justice Involved Mental Health Task Force and focus on supporting reentry as well as promoting exit from the criminal justice system. They are based on the principles of peer support provided at opportunities identified through Alameda County's Sequential Intercept Mapping process.

At this time, no other jurisdiction has developed a singularly focused Forensic Peer Respite or applied a peer mentor approach to people with serious mental illness reentering from jail. While WRAP for Reentry is implemented in other jurisdictions, it does not yet have an evidence base supporting its use. People with forensic mental health needs may be served in Peer Respite, peer mentor, or WRAP programs, but none specialize in the intersection between behavioral health and justice system involvement and specifically target behavioral health and criminal justice involvement. While there are myriad versions of parental support, none are solely focused on supporting family members whose loved ones with serious mental illness have become justice involved. To this end, this project aims to explore the extent to which these programs are able to reduce criminal justice system involvement for people with serious mental illness (e.g., reduced jail bookings and jail days, increased service participation, increased exit from the criminal justice system).

Learning Goals/Project Aims

In Alameda County, 25% of ACBH consumers receive mental health services in the jail, and 10% of consumers only receive mental health services in the jail.[8] This highlights the need to address the over-incarceration of people with mental health issues and support them outside of a jail environment as a key County priority. This project, along with the other Innovation Plan entitled *Alternatives to Confinement,* is one element of a larger Forensic Mental Health and Reentry Plan and represents the service offerings that are relevant to and meet criteria for Innovation projects.

With this project, Alameda County Behavioral Health seeks to pilot these four services within a peer led continuum of care to understand the extent to which these programs, separately and together:

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8 http://www.acgov.org/board/bos_calendar/documents/DocsAgendaReg_5_10_21/HEALTH%20CARE%20SERVICES/Regular%20Calendar/Item__1_ACBH_Services_Forensic_sys_5_10_21.pdf

1. *Increase access to and participation in mental health services* for adults with mental health and criminal justice involvement and
2. *Improve outcomes,* including reduced jail bookings, jail days, and exit from the criminal justice system.

Evaluation or Learning Plan

This Peer Led Continuum of Forensic Mental Health Services project evaluation will explore process and outcome measures related to the four included services. The overarching evaluation questions include:

1. What resources are being invested, by whom, and how much?
2. Who is being served, at what dosage, and in what ways, including participation in more than one INN-funded service?
3. To what extent do people who participate in INN-funded services experience reduced jail bookings, jail days, and are able to exit the criminal justice system?
4. To what extent do people who participate in INN-funded services experience increased service engagement and participation?
5. How does family education and consultation support individuals to move through the justice system?

The evaluation will explore the following types of quantitative data:

- Socio-demographics of individuals served, including race/ethnicity, age, gender identity, sexual orientation, zip code, income type and amount, housing status, level of education, and veteran status.
- Clinical and justice involved profile of individuals served, including mental health diagnoses and previous service participation; previous arrest, charge, and booking information; substance use and misuse; known trauma history; other clinically relevant information.
- Current program and service participation, including program, service type, procedure code, provider type, dates of service, length of encounter, length of episode, disposition. This includes for INN-funded programs as well as all other Mental Health Plan (MHP)-funded services, such as crisis and hospitalization as well as other residential and outpatient services.
- Current justice system interactions, including jail bookings and discharge dates, charges filed, court dispositions. If feasible, police contact and arrest data that did not result in a jail booking may also be included.

- Referrals, including referrals sources into the INN-funded programs as well as referrals and linkages provided from the INN-funded programs into other mental health services.
- Experience of services from consumers, family, behavioral health providers, and justice professionals.
- Perception of knowledge, understanding, and collaboration between behavioral health providers and justice professionals.

Quantitative data will be collected directly from the County's data services in collaboration with the Sheriff's Office via existing Memorandum of Understanding, the Community Health Record funded through the Whole Person Care Initiative, and via data request to the courts. Experience of services and perception of knowledge, understanding, and collaboration will be collected via interviews and focus groups; there may also be a brief survey developed for service recipients and their families or involved professionals.

Data will be collected on an ongoing basis and reported annually to providers and partners in order to support communications and continuous quality improvement as well as to the Mental Health Services Oversight and Accountability Commission (MHSOAC) in order to meet INN reporting requirements.

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Process			Outcome	
Resources	**Activities**	**Outputs**	**Short-Term**	**Long-Term**
Office of Consumer Empowerment and Forensic Certified Peer Specialists ACBH Adult, Crisis, and Forensic Systems of Care Sheriff's Office Probation Department Contracted Providers MHSA Innovation Funds BHCIP Round 1 Funds BHCIP Round 5/6 Funds	Procure and contract with service providers, trainers, legal experts, and evaluator Formalize MOUs, procedures, and protocols with ACBH, contractors, and collaborative partners Develop and implement a Forensic Peer Respite Develop and implement Reentry Coaching Develop and implement WRAP for Reentry Develop and implement Family Navigation and Support	Contracts with providers, consultants, and evaluator MOU and program operations documentation # of clients served, including socio-demographics, clinical profile, and justice involvement by program # of families engaged # of direct services provided by program - # of admissions - # of discharges by discharge disposition and location - Length of episode - # of minutes of service per encounter - Admission and discharge dates - # of WRAP groups - # of types of referrals and linkages # of training and consultation services provided - Collateral materials - # of/type of trainings - # of providers trained	Increased collaboration amongst ACBH, providers, and partners Reduced jail bookings and jail bed days Increased mental health service engagement and participation Increased criminal justice system exits for mental health consumers Improved experience of justice and mental health system interactions Increased advocacy skills, knowledge, and confidence for family members to support their justice involved mental health family member	Increased skills, knowledge, and confidence to support justice involved mental health consumers Reduced criminal justice system involvement for mental health consumers

Section 3: Additional Information for Regulatory Requirements

Contracting

The County expects to contract out all of the services included in this proposal. Additionally, the County intends to contract for an external evaluator for this project to work with our internal data support team in exploring the learning goals and evaluation questions listed above as well as complete required reporting for the project. The County will appoint a contract monitor for each of these contracts to ensure contract compliance as well as a portion of the County project/program manager to supervise the quality of work performed.

Community Project Planning

These projects arose out of a longer-term planning and system improvement process dedicated to improving services for justice involved mental health consumers. The Justice Involved Mental Health (JIMH) Task Force included representatives from the Health Care Services Agency, Alameda County Behavioral Health, Public Defender, District Attorney, provider and advocacy organizations, consumer and family representatives, faith based and other community leaders. After a more than year long process, the JIMH Task Force published a report in September 2020 with multiple stakeholder recommendations, including a focus on supporting reentry. Concurrently, ACBH published a Forensic Mental Health and Reentry Plan in October 2020 that was informed by JIMH and included additional actions informed by evidence-based practice and ACBH's strategic direction.

During 2021, ACBH systematically went through the Forensic Mental Health and Reentry Plan and identified aspects of the plan that either warranted further development and/or consideration or may meet criteria for INN funds. As a part of this process, ACBH contracted with the Indigo Project to engage in INN Project planning. The Indigo Project met with a number of internal and external stakeholders to gather information and workshop the ideas and concepts as they evolved, including:

- Consumer representatives and members of the Pool of Consumer Champions
- Family representatives and individuals from NAMI
- Providers who represent communities who are underrepresented because of cultural affiliation and language access
- Members of the African American subcommittee
- Members of the MHSA Stakeholder group
- Healthcare for the homeless providers

- System of Care Directors for Adult, Crisis, and Forensic Mental Health Services
- Consumer and Family Empowerment Managers

With each discussion, the concepts evolved and were further developed and clarified. These projects will be included in the MHSA Annual Update Community Program Planning (CPP) process in 2022 with the hopes of beginning implementation in FY2022.

MHSA General Standards

This project arose out of a community effort to address the needs of mental health consumers who are forensically involved. It was developed by consumers, family, and communities to support wellness and recovery and avoid incarceration. Community collaboration is exemplified in not only how this project was developed but also in how the project itself works to support individuals to return to and remain in their communities rather than in a jail environment. Cultural Competency is included as a foundational component in that this project seeks to address the overincarceration of people with mental illness, the majority of whom are BIPOC individuals, by supporting individuals to reenter their communities and successfully exit the justice system. Additionally, the services themselves will be informed by and primarily staffed by individuals who represent our County's diverse populations. Services will be client and family driven in that services aim to preserve a person's freedom, independence, and ability to consent to their own services by using person centered planning with family member input that respects an individual's needs and preferences and works in partnership with each individual and their family to discover how they understand the issues that they're facing and helps them develop a plan that they are willing to do to address what is most important to them. The services are wellness, recovery, and resiliency focused in that they are built upon the belief that participation in mental health services and supports are more productive and meaningful than incarceration and that services that respect an individual's ability to invest in their own recovery journey are more likely to result in sustained freedom than "rehabilitation" provided by the jails. Finally, services are intended to be integrated in that these programs seek to strengthen each person's ability to renter the community and successfully navigate the service system with peer support.

Cultural Competence and Stakeholder Participation in Evaluation

On a quarterly basis, ACBH will convene a stakeholder meeting with individuals who are invested in both forensic mental health INN projects, which include this project and the *Alternatives to Confinement* continuum of services. This meeting will serve dual purposes to gather information from stakeholders and partners about their perspectives on the project and its implementation as well as to provide data from the evaluation to support a

CQI process. As a part of this project, we will explore the extent to which the project is reaching its intended target population and that people receiving services are reflective of the jail population (i.e., the population receiving services is comparable to the Santa Rita population in terms of race/ethnicity and age). This will be one component of what is discussed in the quarterly meetings as well as overall feedback and evaluation data described in the preceding section.

Innovation Project Sustainability and Continuity of Care

This project with its continuum of services will primarily serve individuals with serious mental illness. If this project accomplishes its intended objectives of 1) reducing jail bookings and jail days and 2) increasing participation in ongoing mental health services, the County will continue to fund the project using a combination of MHSA Community Services and Supports funding and Federal Financial Participation (FFP). Most of the services described in this plan should be eligible for Medi-Cal reimbursement following completion of the INN project, assuming peer certification and billing for peer support continue implementation during this INN project.

Communication and Dissemination Plan

If this continuum of services is successful at 1) reducing jail bookings and jail days and 2) increasing participation in ongoing mental health services, ACBH will apply to present learnings at California-specific conferences, including the forensic mental health association, California Institute of Behavioral Health Services, and California Association of Counties (CSAC) conferences. Additionally, ACBH will request that the contracted evaluator prepare a white paper that can be distributed through the California Behavioral Health Directors Association, California Probation Officers Association, and the MHSOAC listserv.

Keywords include:

1. Mental health reentry
2. Forensic Peer Respite
3. WRAP for Reentry
4. Reentry Peer Support
5. Reentry Family Support

Timeline

ACBH proposes a 5 year Innovation project in which the first two years of the project allow for program start-up. While services may be able to be implemented more quickly, we

believe that it is important to have all elements available at the same time, particularly with a service model that requires significant coordination with partner agencies. To that end, ACBH will begin the site identification and procurement process upon MHSOAC approval. This may take up to nine months to facilitate a competitive bid process and then enter into contracts. The second year (ramp up year) will focus on preparing the programs for opening, developing written materials, and outreaching and coordinating with our justice partners. Concurrently, the evaluators will be working with the department and stakeholders to develop the evaluation approach. Years 3-5 will focus on service provision as well as data collection and analysis to support learning. In the final year, ACBH will also develop an ongoing funding strategy using MHSA, realignment, and FFP dollars. In year 5, the evaluators will also draft the summative evaluation report and a white paper detailing project implementation, outcomes, and lessons learned.

Year 1	Project Start-up - County Procurement • Procure mental health provider and evaluator services • Execute INN service provider and evaluator contracts
Year 2	Project Start-up - Program Development Preparation • Site Identification • Written Materials Development • Staff Hiring and Training • Outreach to partner agencies Project Start-up - Project Evaluation • Evaluation planning, including stakeholder input Milestone: Services Commence Milestone: Evaluation Plan Complete
Year 3	Ongoing: Service provision Ongoing: Data collection Quarterly: Stakeholder convening to support CQI Annual: INN reporting
Year 4	Ongoing: Service provision Ongoing: Data collection Quarterly: Stakeholder convening to support CQI Annual: INN reporting

Year 5	Ongoing: Service provision Ongoing: Data collection Quarterly: Stakeholder convening to support CQI End of Project: Sustainability Plan End of Project: Summative INN report

Section 4: INN Project Budget and Source of Expenditures

INN Project Budget and Source of Expenditures

This INN plan will utilize any remaining funding from MHSA Innovation FY19/20, through a partial year of FY24/25.

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*						
EXPENDITURES						
PERSONNEL COSTS (salaries, wages, benefits)	FY23/24	FY24/25	FY25/26	FY26/27	FY27/28	**TOTAL**
1. Salaries	329,833	732,917	1,136,000	1,136,000	1,136,000	4,470,750
2. Direct Costs	112,143	249,192	386,240	386,240	386,240	1,520,055
3. Indirect Costs	66,297	147,316	228,336	228,336	228,336	898,621
4. Total Personnel Costs	508,273	1,129,425	1,750,576	1,750,576	1,750,576	6,889,426
OPERATING COSTS						**TOTAL**
5. Direct Costs	83,740	128,159	172,578	172,578	172,578	729,633
6. Indirect Costs	12,561	19,224	25,887	25,887	25,887	109,445
7. Total Operating Costs	96,301	147,383	198,464	198,464	198,465	839,078
NON RECURRING COSTS						**TOTAL**
10. Total Non-recurring costs	0	0	0	0	0	0
CONSULTANT COSTS/ CONTRACTS (clinical, training, facilitator, evaluation)						
11. Direct Costs	108,112	150,689	193,266	193,266	193,266	838,599
12. Indirect Costs	16,217	22,603	28,990	28,990	28,990	125,790
13. Total Consultant Costs	124,328	173,292	222,256	222,256	222,256	964,389
OTHER EXPENDITURES (please explain in budget narrative)						**TOTAL**
16. Total Other Expenditures						
BUDGET TOTALS						
Personnel (line 1)	329,833	732,917	1,136,000	1,136,000	1,136,000	4,470,750
Direct Costs (add lines 2, 5 and 11)	303,995	528,040	752,084	752,084	752,084	3,088,287
Indirect Costs (add lines 3, 6 and 12)	95,074	189,143	283,213	283,213	283,213	1,133,856
Non-recurring costs (line 10)	0	0	0	0	0	0
Other Expenditures (line 16)	0	0	0	0	0	0
TOTAL INNOVATION BUDGET	728,903	1,450,100	2,171,297	2,171,297	2,171,297	8,692,893

Budget Narrative

Staffing Start-up Costs:

FY22-23: Start-up costs include salaries and benefits for *half of a year*.

1 Program Director	$ 45,000
5 RC Reentry Coaches	$ 50,000
3 WRAP Facilitators	$ 31,250
1 Program Manager	$ 28,050
8 FPR Forensic Peer Specialists	$97,000
Benefits at 33%	$78,533
Total:	$329,833

Staffing ramp up year costs

FY23-24: Start-up costs include salaries and benefits for continuing start up as the program ramps up: Salary and benefits: 732,917, total costs: 1,129,425.

Staffing yearly costs

FY24-25, 25-26, 26-27: Costs include salaries and benefits: 1,136,000, total costs: $1,750,576 per year.

Operating Costs

The operating costs based on the standard County budgeting process where the total personnel costs are multiplied by 30% to closely estimate the operating costs of a new program. Once the project is up and running the operating costs may be adjusted, but funds will not exceed the budgeted request that the MHSOAC approves. Operational costs will include, but not limited to: rent, utilities, communications/phone service, technology maintenance, maintenance services, audit services, furniture, insurance, travel and transportation/mileage, training services, accounting/payroll.

Total Operating Costs:

Start-up FY 23/24: $96,301

Continued ramp up: FY 24/25: $147,383

Yearly (last 3 years FY 25/26-27/28): $198,464

Consultant Costs/Contractors

This project will entail contracting for various areas of expertise including: legal counsel, evaluation services, material development, recruitment and training, and FPR Relief Staff (there are no FPR Relief costs during startup).

Totals Consultant/Contractors costs:
Start-up FY 23/24: $124,328
Continued ramp up: FY 24/25: $173,292
Yearly (last 3 years FY 25/26-27/28): $222,256

Evaluation

Evaluation costs at roughly 5% of project cost ($431,685 in total), which is embedded in total consultant costs. Evaluation staffing will consist of a 0.35 FTE of a contracted evaluator at the county rate of a Program Specialist classification. Peer/Family stipends will be utilized to assist with conducting client satisfaction surveys, assisting with evaluation planning and data analysis.

Indirect expense

As a standard practice Alameda County ACBH requests 15% for county administration of the project. This 15% rate has also been applied that will be created for the CBO is in alignment and within the approved CBO limit for indirect costs. This 15% applies to Personnel, Operating and Contract expenditures to provide Human Resources, Accounting, Budgeting, Information Technology, Business Services Office, and Legal management of staff and contract positions; rent, utilities, insurance; and other expenses necessary to administer and implement the project.

Total Indirect Costs:
Start-up FY 23/24: $95,074
Continued ramp up: FY 24/25: $189,143
Yearly (last 3 years FY 25/26-27/28): $283,213

Other Funding
Potential MediCal Reimbursements of $1,106,892.